

**DECLARATION
AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled "A PROCESS FOR SELECTIVE EMBOSSING AND PRODUCTS MADE THEREBY", the specification of which:

X is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119/§172 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: None.

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER U.S.C. 119/172
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: None.

APPLICATION SERIAL NUMBER	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint Lorimer P. Brooks, Reg. No. 15,155, William R. Robinson, Reg. No. 27,224, Kurt G. Brisco, Reg. No. 33,141, William C. Gerstenzang, Reg. No. 27,552, Robert A. Hyde, Reg. No. 46,354, Davy E. Zoneraich, Reg. No. 37,267, Mark A. Montana, Reg. No. 44,948 and Bruce G. Londa, Reg. No. 33,531, at Norris, McLaughlin & Marcus, P.O. Box 1018, Somerville, New Jersey 08876-1018, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith, and to file, prosecute and maintain corresponding patent applications and patents in other countries and regional authority offices outside the United States.

SEND CORRESPONDENCE TO: William R. Robinson, Esq. Norris, McLaughlin & Marcus P.O. Box 1018 Somerville, New Jersey 08876-1018			DIRECT TELEPHONE CALLS TO: William R. Robinson (908) 722-0700	
2	FULL NAME OF INVENTOR	LAST NAME Courtroy	FIRST NAME Jean-François	MIDDLE NAME Courtroy
0	RESIDENCE & CITIZENSHIP	CITY St-Bruno de Montarville (Quebec)	STATE OR FOREIGN COUNTRY Canada	COUNTRY OF CITIZENSHIP Canada
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 1570, Du Mont Street	CITY St-Bruno de Montarville	STATE OR COUNTRY ZIP CODE Quebec, Canada J3V 4L5
2	FULL NAME OF INVENTOR	LAST NAME Ménard	FIRST NAME René	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP	CITY Cowansville (Quebec)	STATE OR FOREIGN COUNTRY Canada	COUNTRY OF CITIZENSHIP Canada
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS 208 William Street	CITY Cowansville (Quebec)	STATE OR COUNTRY ZIP CODE Canada J2K 1L2
2	FULL NAME OF INVENTOR	LAST NAME Caldas	FIRST NAME Victor	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP	CITY Cowansville (Quebec)	STATE OR FOREIGN COUNTRY Canada	COUNTRY OF CITIZENSHIP Canada
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS 117, du Nord Street #12	CITY Cowansville (Quebec)	STATE OR COUNTRY ZIP CODE Canada J2K 2L6
2	FULL NAME OF INVENTOR	LAST NAME Charest	FIRST NAME Claude	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP	CITY St-Bruno de Montarville	STATE OR FOREIGN COUNTRY Canada	COUNTRY OF CITIZENSHIP Canada
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS 1647, Dablon Street	CITY St-Bruno de Montarville	STATE OR COUNTRY ZIP CODE Canada J3V4S7

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR	
DATE	DATE	